

Global Associated Codes

The following services are considered associated codes and are included in the global fee:

Procedure Code	Description
00842	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium)
00942	Anesthesia for colpotomy, vaginectomy, colporrhaphy, and open urethral procedures)
00948	Anesthesia for cervical cerclage)
00950	Anesthesia for culdoscopy)
00952	Anesthesia for hysteroscopy and/or hysterosalpingography)
01958	Anesthesia for external cephalic version procedure
01960	Anesthesia for; vaginal delivery only
01961	Anesthesia for; cesarean delivery only
01965	Anesthesia for incomplete or missed abortions
01967	Neuraxial labor analgesia/anesthesia for planned vaginal delivery
01968	Anesthesia for c-section delivery following neuraxial labor
01996	Daily hospital management of continuous epidural
10140	Incision and drainage of hematoma, seroma, or fluid collection
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst
10180	Incision and drainage, complex, postoperative wound infection
56405	Incision and drainage of vulva or perineal abscess
56420	Incision and drainage of Bartholin's gland abscess
56440	Marsupialization of Bartholin's gland cyst
56441	Lysis of labial adhesions
56820	Coloscopy of the vulva
56821	Coloscopy of the vulva with biopsy
57000	Colpotomy; with exploration
57010	Colpotomy
57020	Colpocentesis (separate procedure)
57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum
57150	Irrigation of vagina and/or application of medicament
57400	Dilation of vagina under anesthesia
57410	Pelvic examination under anesthesia
57460	Colposcopy of the cervix including upper/adjacent vagina
59000	Amniocentesis, any method
59001	Therapeutic amniotic fluid reduction

Procedure Code	Description
59012	Cordocentesis (intrauterine), any method
59020	Fetal contraction stress test
59030	Fetal scalp blood sampling
59150	Removal of ectopic pregnancy
59160	Curettage, postpartum
59200	Insertion of cervical dilator (e.g., laminaria, prostaglandin)
59300	Episiotomy or vaginal repair by other than attending physician
59320	Cerclage of cervix, during pregnancy
59325	Cerclage of cervix, during pregnancy; abdominal
59350	Hysterorrhaphy of ruptured uterus
59400-U9	Routine obstetric care includes antepartum care, vaginal delivery (delivery at 39 weeks of gestation or later) (with or without episiotomy and/or forceps) and postpartum care
59400-UD	Routine obstetric care including antepartum care, vaginal delivery (medically necessary delivery prior to 39 weeks of gestation) (with or without episiotomy or forceps) and postpartum care
59400-UC	Routine obstetric care including antepartum care, vaginal delivery (non-medically necessary delivery prior to 39 weeks of gestation) (with or without episiotomy or forceps) and postpartum care
59409-U9	Vaginal delivery only (delivery at 39 weeks of gestation or later) (with or without episiotomy and/or forceps)
59409-UD	Vaginal delivery only (medically necessary delivery prior to 39 weeks of gestation) (with or without episiotomy and/or forceps)
59409-UC	Vaginal delivery only (non-medically necessary delivery prior to 39 weeks of gestation) (with or without episiotomy and/or forceps)
59410-U9	Vaginal delivery only (delivery at 39 weeks of gestation or later) (with or without episiotomy and/or forceps), including postpartum care
59410-UD	Vaginal delivery only (medically necessary delivery prior to 39 weeks of gestation) (with or without episiotomy and/or forceps), including postpartum care
59410-UC	Vaginal delivery only (non-medically necessary delivery prior to 39 weeks of gestation) (with or without episiotomy and/or forceps), including postpartum care
59412	Delivery; external Cephalic
59414	Delivery of placenta following delivery of infant outside of hospital
59425	Antepartum care only (4 to 6 visits)
59426	Antepartum care only (7 or more visits)
59430	Postpartum care only
59510-U9	Routine obstetric care including antepartum care, cesarean delivery (delivery at 39 weeks of gestation or later), and postpartum care
59510-UD	Routine obstetric care including antepartum care, cesarean delivery (medically necessary delivery prior to 39 weeks of gestation), and postpartum care
59510-UC	Routine obstetric care including antepartum care, cesarean delivery (non-medically necessary delivery prior to 39 weeks of gestation), and postpartum care
59514-U9	Cesarean delivery only (delivery at 39 weeks of gestation or later)

Procedure Code	Description
59514-UD	Cesarean delivery only (medically necessary delivery prior to 39 weeks of gestation)
59514-UC	Cesarean delivery only (non-medically necessary delivery prior to 39 weeks of gestation)
59515-U9	Cesarean delivery only (delivery at 39 weeks of gestation or later); including postpartum care
59515-UD	Cesarean delivery only (medically necessary delivery prior to 39 weeks of gestation) including postpartum care
59515-UC	Cesarean delivery only (non-medically necessary delivery prior to 39 weeks of gestation) including postpartum care
59610-U9	Routine obstetric care including antepartum care, vaginal delivery (delivery at 39 weeks of gestation or later) (with or without episiotomy and/or forceps) and postpartum care, after previous cesarean delivery
59610-UD	Routine obstetric care including antepartum care, vaginal delivery (medically necessary delivery prior to 39 weeks of gestation) (with or without episiotomy and/or forceps) and postpartum care, after previous cesarean delivery
59610-UC	Routine obstetric care including antepartum care, vaginal delivery (non-medically necessary delivery prior to 39 weeks of gestation) (with or without episiotomy and/or forceps) and postpartum care, after previous cesarean delivery
59612- U9	Vaginal delivery only (delivery at 39 weeks of gestation or later), after previous cesarean delivery (with or without episiotomy and/or forceps)
59612-UD	Vaginal delivery only (medically necessary delivery prior to 39 weeks of gestation), after previous cesarean delivery (with or without episiotomy and/or forceps)
59612-UC	Vaginal delivery only (non-medically necessary delivery prior to 39 weeks of gestation), after previous cesarean delivery (with or without episiotomy and/or forceps)
59614- U9	Vaginal delivery only (delivery at 39 weeks of gestation or later), after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59614-UD	Vaginal delivery only (medically necessary delivery prior to 39 weeks of gestation), after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59614-UC	Vaginal delivery only (non-medically necessary delivery prior to 39 weeks of gestation), after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59618- U9	Routine obstetric care including antepartum care, cesarean delivery (delivery at 39 weeks of gestation or later) and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59618-UD	Routine obstetric care including antepartum care, cesarean delivery (medically necessary delivery prior to 39 weeks of gestation) and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59618-UC	Routine obstetric care including antepartum care, cesarean delivery (non-medically necessary delivery prior to 39 weeks of gestation) and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59620- U9	Cesarean delivery only (delivery at 39 weeks of gestation or later), following

Procedure Code	Description
	attempted vaginal delivery after previous cesarean delivery
59620-UD	Cesarean delivery only (medically necessary delivery prior to 39 weeks of gestation), following attempted vaginal delivery after previous cesarean delivery
59620-UC	Cesarean delivery only (non-medically necessary delivery prior to 39 weeks of gestation), following attempted vaginal delivery after previous cesarean delivery
59622- U9	Cesarean delivery only (delivery at 39 weeks of gestation or later), following attempted vaginal delivery after previous cesarean delivery; including postpartum care
59622-UD	Cesarean delivery only (medically necessary delivery prior to 39 weeks of gestation), following attempted vaginal delivery after previous cesarean delivery; including postpartum care
59622-UC	Cesarean delivery only (non-medically necessary delivery prior to 39 weeks of gestation), following attempted vaginal delivery after previous cesarean delivery; including postpartum care
59871	Removal of cerclage suture under anesthesia
59899	Unlisted procedure, maternity care and delivery
76801	Ultrasound, pregnant uterus, real time image with documentation, with fetal and maternal evaluation
76802	Ultrasound, pregnant uterus, real time image documentation, with fetal and maternal evaluation
76805	Ultrasound, pregnant uterus, B-scan and/or real time with imagine documentation; complete
76810	Ultrasound, complete, multiple gestation, after the first trimester
76811	Ultrasound, pregnant uterus, real time image with documentation, with fetal and maternal evaluation
76812	Ultrasound, pregnant uterus, real time image with documentation, with fetal and maternal evaluation
76813	Ultrasound pregnant uterus, real time with image documentation, 1 st trimester
76814	Ultrasound for each additional gestation use in conjunction with 76813
76815	Ultrasound, limited (fetal size, heartbeat, placental location, fetal position, or emergency in the delivery room)
76816	Ultrasound, follow-up or repeat
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
76818	Fetal biophysical profile
76819	Fetal biophysical profile; without non-stress testing
76820	Doppler velcocimetry, fetal, umbilical artery
76821	Doppler velocimetry, fetal, middle cerebral artery
76825	Echocardiography, fetal
76826	Echocardiography, fetal, follow-up or repeat study
76827	Doppler echocardiography, fetal
76828	Doppler echocardiography, fetal, follow-up or repeat study
81000	Urinalysis, by dipstick or tablet reagent
81001	Urinalysis, automated, with microscopy

Procedure Code	Description
81002	Urinalysis, non-automated, without microscopy
81003	Urinalysis, automated, without microscopy
81005	Urinalysis; qualitative or semiquantitative, except immunoassays
81007	Urinalysis; bacteriuria screen, except by culture or dip stick
81015	Urinalysis; microscopic only
81020	Urinalysis; two or three glass test
83026	Hemoglobin, by copper sulfate method, non-automated
83036	Hemoglobin, glycated
85013	Spun micro-hematocrit
85014	Blood count; other than spun hematocrit
85018	Blood count; hemoglobin
99058	Office services provided on an emergency basis
99201	Office or other outpatient visit for E&M
99202	Office or other outpatient visit for E&M
99203	Office or other outpatient visit for E&M
99204	Office or other outpatient visit for E&M
99205	Office or other outpatient visit for E&M
99211	Office or other outpatient visit for E&M
99212	Office or other outpatient visit for E&M
99213	Office or other outpatient visit for E&M
99214	Office or other outpatient visit for E&M
99215	Office or other outpatient visit for E&M
99217	Observation care discharge day management
99218	Initial observation care, per day, for E&M
99219	Initial observation care, per day, for E&M
99220	Initial observation care, per day, for E&M